PTO/SB/21 (01-08)
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|  |                                     |               | Application Number                 | 10/697,350  |
| TRANSMITTAL  |                                     | Filing Date   | October 30, 2003                   |   |
|  | FORM                                |               | First Named Inventor               | Hickingbotham   |
|  |                                     |               | Art Unit                           | 3735  |
| (to be used for all correspondence after initial filing) |                                     |               | Examiner Name                      | David M. Shay   |
| Total N  | lumber of Pages in This Submission  | 7             | Attorney Docket Number             | 2778 US   |

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| ENCLOSURES (Check all that apply)   |  |                      |   |           |                   |   |  |  |  |  |
| 🗹 F   | Fee Transmittal Form   |                      | Drawing(s)  |           | After             | Allowance Communication to TC                                   |  |  |  |  |
| [   | Fee Attached   |                      | Licensing-related Papers  | <b>V</b>  |                   | al Communication to Board<br>peals and Interferences            |  |  |  |  |
| [<br> <br> <br> <br> <br> <br>  | Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request nformation Disclosure Statement |                      | Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) |           | Propri<br>Status  | •   |  |  |  |  |
|   |  |                      | Landscape Table on CD   |           |                   |   |  |  |  |  |
| Certified Copy of Priority Document(s)  Reply to Missing Parts/   |  |                      |   |           |                   |   |  |  |  |  |
| Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |                      |   |           |                   |   |  |  |  |  |
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| Signature / / /   |  |                      |   |           | -                 |   |  |  |  |  |
| Printed na  | Armando Pastrana, Jr.  | /                    |   |           |                   |   |  |  |  |  |
| Date  | April 4, 2008  |                      | Reg. No.  | 44,997    |                   |   |  |  |  |  |
| CERTIFICATE OF TRANSMISSION/MAILING   |  |                      |   |           |                   |   |  |  |  |  |
| sufficient<br>the date s  | postage as first class mail in an env<br>shown below:  | eing fac<br>relope a | simile transmitted to the USPTO or depos<br>ddressed to: Commissioner for Patents, F  | ited with | the Un<br>1450, A | ited States Postal Service with<br>Alexandria, VA 22313-1450 on |  |  |  |  |
| Signature Ellecca But   |  |                      |   |           |                   |   |  |  |  |  |
| Typed or  | printed name Rebecca Burt  |                      |   |           | Date              | April 4, 2008   |  |  |  |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/697,350 TRANSMITTAI Filing Date October 30, 2003 For FY 2008 First Named Inventor Hickingbotham **Examiner Name** David M. Shay Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3735 TOTAL AMOUNT OF PAYMENT (\$) 1,550.00 Attorney Docket No. 2528 US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: <u>50-1051</u> Deposit Account Name: Alcon, Inc. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 155 510 255 210 105 Design 210 105 100 130 50 65 Plant 210 105 310 155 160 80 310 Reissue 155 510 255 620 310 210 Provisional 105 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 **Total Claims Extra Claims** Fee Paid (\$) Multiple Dependent Claims Fee (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Indep. Claims Fee Paid (\$) Fee (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50

| SUBMITTED BY      |                         |   |                        |
|-------------------|-------------------------|---|------------------------|
| Signature         | aught (                 | Registration No. (Attomey/Agent) 44,997 | Telephone 817-615-5056 |
| Name (Print/Type) | ) Armando Pastrana, Jr. |   | Date April 4, 2008     |

Number of each additional 50 or fraction thereof

(round up to a whole number) x

Fee (\$)

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Fees Paid (\$)

\$1550.00

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

/ 50 =

Other (e.g., late filing surcharge): Notice of Appeal, Petition for Extension of Time

Extra Sheets

Non-English Specification, \$130 fee (no small entity discount)

Total Sheets

4. OTHER FEE(S)

- 100 =

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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